|       | Fund<br>§54.1009 Annual Reporting<br>lection Form  |   | FCC Form<br>Approved by OMB<br>OMB 3060-1185<br>Avg. Burden Estimate per Respondent: 18 Hours |
|-------|--|---|---|
| <010> | Study Area Code  | 398002  |   |
| <015> | Study Area Name  | Standing Rock Telecommunications, Inc.  |   |
| <020> | Program Year   | 2014  |   |
| <030> | Contact Name: Person USAC should contact with questions about this data  | Albert Kangas   |   |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030>  | 3204927510 ext.   |   |
| <039> | Contact Email:<br>Email of the person identified in data line <030>  | akangas@corewg.com  |   |
|       |  |   |   |
| <040> | Has the information required pursuant to §54.1009  <041> Attach a description of the documents file  <042> Cite the Study Area Code (SAC) for the Formation (SAC) for the Form | ed with the Form 481 reporting  | (041) Form481Standingrocktelecommunications399 020.pdf  |
|       | <043> Cite the date of the Form 481 reporting  |   | <043> 07/01/2014  |
| <050> | Carrier Contact Information (has the contact info. char  | nged since prior filing? Yes or No) (If yes, complete the attached worksheet) | <050>   |
| <060> | Coverage and Performance Report  | (complete attached worksheet)   | <060> ✓   |
| <070> | Urban Rate Comparability Certification   | (complete attached certification)   | <070>   |
| <080> | Tribal Lands Reporting (y/n?) (Does this study area cover  | r tribal lands? Yes or No)  | $\odot$ $\bigcirc$  |
|       |  | (If yes, complete the attached worksheet)                                     | <080>   |
| <090> | Project Update Information   | (complete attached worksheet)   | <090>   |
| <100> | Certifications   |   |   |

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

**Reporting Carrier Certification** 

Agent Certification

<101>

<102>

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| Approved by MB OMIC Control No. 3080-1385  Page 2 of 8   | (050) Carr       | rier Contact Form   |                    | FCC Form 690              |
|--|------------------|---|--------------------|---------------------------|
| Study Area Code   398CC2   | , ,              |   |                    |                           |
| Study Area Code   3386C2   |                  |   |                    | OMB Control No. 3060-1185 |
| Study Area Name   Study Area   |                  |   |                    | Page 2 of 8               |
| Study Area Name   Study Area   | <010>            | Study Area Code   | 398002             |                           |
| Gardin   Contact Mame   Person USAC should contact regarding this data   Sather T. Arapse   State   Contact England Plane   Contact England Plane   Contact England Plane   Contact England Address of person identified in data line   4300   State   Contact England Address   England Address of person identified in data   Gardin Plane   Co. Registration Number   Co. Registration Nu   |                  |   |                    |                           |
| Contact Information   Fax Number   Contact Information   Fax Number    | <020>            | Program Year  | 2014               |                           |
| Contact Email Address - Email Address of person identified in data line <030>  | <030>            |   | Albert Kangas      |                           |
| Reporting Carrier / Mobility Fund Phase 1 Winning Bidder  <110- FCC Registration Number  <1112- Winning Bidder Carrier Name  <112- Winning Bidder Carrier Name  <113- Street Address (or PO Box)  <114- City  <115- State  <116- Zip-Code  <117- Telephone Number  <119- Email Address  Contact Information  If same as above, indicate in this box  <120- Name (First, MI, Last, Suffix)  <1212- Street Address (or PO Box)  <1225- Telephone Number  <126- Telephone Number  <127- Fax Number  Authorized Azent Information  If no agent, indicate in this box  120- Name (First, MI, Last, Suffix)  <1218- Email Address  Authorized Azent Information  If no agent, indicate in this box  120- Name (First, MI, Last, Suffix)  <1210- Name (First, MI, Last, Suffix)  <1210- Street Address (or PO Box)  <1210 |                  | ·   | 3204927510 ext.    |                           |
| Contact Information   Filing Carrier Name  | <039>            | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com |                           |
| Street Address (or PO Box)   | Reporting        | Carrier / Mobility Fund Phase 1 Winning Bidder                                |                    |                           |
| Authorized Agent Information   Face Address (or PO Box)  | <110>            | FCC Registration Number   |                    |                           |
| Street Address (or PO Box)   | <111>            | Filing Carrier Name   |                    |                           |
| Street Address (or PO Box)   | <112>            | Winning Bidder Carrier Name   |                    |                           |
| Cliy   Cliy   Clip      | <113>            |   |                    |                           |
| State  | <114>            |   |                    |                           |
| Contact Information  |                  |   |                    |                           |
| <117> Telephone Number         <118> Fax Number         <119> Email Address         Contact Information         if same as above, indicate in this box         <120> Name (First, MI, Last, Suffix)         <1212> Filing Carrier Name         <122> Street Address (or PO Box)         <123> City         <124> State         <125> Zip-Code         <126> Telephone Number         <127> Fax Number         <128> Email Address     Authorized Agent Information  if no agent, indicate in this box           <120> Name (First, MI, Last, Suffix)         <1212> Company         <1223> City         <1234  State   |                  |   |                    |                           |
| Contact Information  |                  | ·   |                    |                           |
| Contact Information  |                  | ·   |                    |                           |
| Contact Information  If same as above, indicate in this box  <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information   |                  |   |                    |                           |
| if same as above, indicate in this box  <120 Name (First, MI, Last, Suffix)  <121 Filing Carrier Name  <122 Street Address (or PO Box)  <123 City  <124 State  <125 Zip-Code  <126 Telephone Number  <127 Fax Number  <128 Email Address  Authorized Agent Information  if no agent, indicate in this box  <120 Name (First, MI, Last, Suffix)  <121 Company  <122 Street Address (or PO Box)  <123 City  <123 City  <124 State  <125 Zip-Code  <126 Telephone Number  <127 Fax Number   | 11137            | Email Address   |                    |                           |
| if same as above, indicate in this box  <120 Name (First, MI, Last, Suffix)  <121 Filing Carrier Name  <122 Street Address (or PO Box)  <123 City  <124 State  <125 Zip-Code  <126 Telephone Number  <127 Fax Number  <128 Email Address  Authorized Agent Information  if no agent, indicate in this box  <120 Name (First, MI, Last, Suffix)  <121 Company  <122 Street Address (or PO Box)  <123 City  <123 City  <124 State  <125 Zip-Code  <126 Telephone Number  <127 Fax Number   |                  |   |                    |                           |
| <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <128> Email Address Authorized Agent Information if no agent, indicate in this box <120 Name (First, MI, Last, Suffix) <121 Company <122> Street Address (or PO Box) <123> City <124> State <125 Zip-Code <126 Zip-Code <127 Street Address (or PO Box) <128 State <129 Street Address (or PO Box) <129 Street Address (or PO Box) <121 State <122 Street Address (or PO Box) <123 City <124 State <125 Zip-Code <126 Telephone Number <127 Fax Number  | Contact In       |   |                    |                           |
| <121> Filing Carrier Name <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address Authorized Agent Information if no agent, indicate in this box <121> Company <121> Street Address (or PO Box) <122> Street Address (or PO Box) <123> City <124 State <125 State <126 State <127 State <127 State <128 State <129 State <129 State <120 State <121 State <122 State <123 State <124 State <125 Telephone Number <126 Telephone Number <127 Fax Number  |                  |   |                    |                           |
| <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number   |                  |   |                    |                           |
| <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <121>            | Filing Carrier Name   |                    |                           |
| <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number   | <122>            | Street Address (or PO Box)  |                    |                           |
| <125> Zip-Code <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number   | <123>            | City  |                    |                           |
| <126> Telephone Number <127> Fax Number <128> Email Address  Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <122> Street Address (or PO Box) <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <124>            | State   |                    |                           |
| <127> Fax Number <128> Email Address Authorized Agent Information if no agent, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <125>            | Zip-Code  |                    |                           |
| Authorized Agent Information if no agent, indicate in this box  <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <126>            | Telephone Number  |                    |                           |
| Authorized Agent Information if no agent, indicate in this box  <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <127>            | Fax Number  |                    |                           |
| Authorized Agent Information if no agent, indicate in this box  <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <128>            | Email Address   |                    |                           |
| if no agent, indicate in this box  <120> Name (First, MI, Last, Suffix)  <121> Company  <122> Street Address (or PO Box)  <123> City  <124> State  <125> Zip-Code  <126> Telephone Number  <127> Fax Number  |                  |   |                    |                           |
| if no agent, indicate in this box  <120> Name (First, MI, Last, Suffix)  <121> Company  <122> Street Address (or PO Box)  <123> City  <124> State  <125> Zip-Code  <126> Telephone Number  <127> Fax Number  |                  |   |                    |                           |
| <120> Name (First, MI, Last, Suffix) <121> Company <122> Street Address (or PO Box) <123> City <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number  | <u>Authorize</u> |   |                    |                           |
| <121> Company         <122> Street Address (or PO Box)         <123> City         <124> State         <125> Zip-Code         <126> Telephone Number         <127> Fax Number   |                  |   |                    |                           |
| <122>       Street Address (or PO Box)         <123>       City         <124>       State         <125>       Zip-Code         <126>       Telephone Number         <127>       Fax Number   |                  | Name (First, MI, Last, Suffix)  |                    |                           |
| <123> City         <124> State         <125> Zip-Code         <126> Telephone Number         <127> Fax Number  | <121>            | Company   |                    |                           |
| <124> State <125> Zip-Code <126> Telephone Number <127> Fax Number   | <122>            | Street Address (or PO Box)  |                    |                           |
| <125> Zip-Code <126> Telephone Number <127> Fax Number   | <123>            | City  |                    |                           |
| <126> Telephone Number 127 Fax Number  | <124>            | State   |                    |                           |
| <126> Telephone Number <127> Fax Number  | <125>            | Zip-Code  |                    |                           |
| <127> Fax Number   | <126>            |   |                    |                           |
|  |                  |   |                    |                           |
|  |                  |   |                    |                           |
|  | -120-            |   |                    |                           |

| (060) Cov | erage and Performance Report  |                                  | FCC Form 690              |
|-----------|---|----------------------------------|---------------------------|
|           |   |                                  | Ap proved by OMB          |
|           |   |                                  | OMB Control No. 3060-1185 |
|           |   |                                  | Page 3 of 8               |
|           |   |                                  |                           |
| <010>     | Study Area Code   | 398002                           |                           |
| <015>     | Study Area Name   | Standing Rock Telecommunications | , Inc.                    |
| <020>     | Program Year  | 2014                             |                           |
| <030>     | Contact Name - Person USAC should contact regarding this data             | Albert Kangas                    | ·                         |
| <035>     | Contact Telephone Number - Number of person identified in data line <030> | 3204927510 ext.                  |                           |

Contact Email Address - Email Address of person identified in data line <030> akangas@corewg.com

01/2014 - 12/2014

<039>

<140>

<141>

Coverage and Performance Report Year

Electronic Shapefiles attachments

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

| <a1></a1> | <a2></a2> | <a3></a3>    | <b1></b1>                                  | <b2></b2>   | <b3></b3>   | <c1></c1>                               | <c2></c2> | <c3></c3>                | <d></d>   | <e></e>                                   | <f></f>   |
|-----------|-----------|--------------|--|---|---|---|-----------|--------------------------|---|---|---|
| State     | County    | Census Block | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road<br>Miles<br>per<br>Census<br>Block | Block     | covered<br>per<br>Census | Certify<br>that<br>Electron<br>ic<br>Shapefil<br>es are<br>uploade<br>d<br>(yes/no) | Result<br>s are<br>upload<br>ed<br>(yes/n | Certify that<br>Scattered<br>Site Tests are<br>uploaded<br>(yes/no) |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              | 8  | ee attach   | ed worksl   | neet                                    |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |
|           |           |              |  |   |   |   |           |                          |   |   |   |

| •                     | 0 |                     | 0 |
|-----------------------|---|---------------------|---|
|                       |   |                     |   |
| Percentage of Total   |   | Percentage of Total |   |
| Population Reached by |   | Road Miles covered  |   |
| Service               |   | by Service          |   |

| (070) Urban Rate Comparability Certification Compliance | FCC Form 690              |
|---|---------------------------|
|   | Approved by OMB           |
|   | OMB Control No. 3060-1185 |
|   | Page 4 of 8               |

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

### Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. Standing Rock Telecommunications, Inc. Name of Reporting Carrier: Date 07/31/2014 CERTIFIED ONLINE Signature of Authorized Officer: Miles McAllister Printed name of Authorized Officer: General Manager Title or position of Authorized Officer: 7018547098 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/31/2014 398002 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to author                | orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier  |
|---|--|
| I certify that (Name of Agent)                                | is authorized to submit the information reported on behalf of the reporting  |
|   | reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the  |
| authorized agent; and, to the best of my knowledge, the repo  | orts and data provided to the authorized agent is accurate.  |
| Name of Authorized Agent:                                     |  |
| Name of Reporting Carrier:                                    |  |
| Signature of Authorized Officer or Employee:                  | Date:  |
| Printed name of Authorized Officer or Employee:               |  |
| Title or position of Authorized Officer or Employee:          |  |
| Telephone number of Authorized Officer or Employee:           |  |
| Study Area Code of Reporting Carrier:                         | Filing Due Date for this form:   |
| Persons willfully making false statements on this form can be | e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| , as agent for the reporting carrier, certify that I am autho  | red to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or |  |  |  |  |  |
| data provided by the reporting carrier; and, to the best of  | y knowledge, the information reported herein is accurate.   |  |  |  |  |  |
| Name of Reporting Carrier:   |   |  |  |  |  |  |
| Name of Authorized Agent or Employee of Agent:   |   |  |  |  |  |  |
| Signature of Authorized Agent or Employee of Agent:  | Date:   |  |  |  |  |  |
| Printed name of Authorized Agent or Employee of Agent:   |   |  |  |  |  |  |
| Fitle or position of Authorized Agent or Employee of Agent   |   |  |  |  |  |  |
| Telephone number of Authorized Agent or Employee of Age  | t:  |  |  |  |  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:  |  |  |  |  |  |

| (080) Triba   | l Lands Reporting                                       |                         |                                   | FCC Form 690              |
|---------------|---|-------------------------|-----------------------------------|---------------------------|
|               |   |                         |                                   | Approved by OMB           |
|               |   |                         |                                   | OMB Control No. 3060-1185 |
|               |   |                         |                                   | Page 5 of 8               |
|               |   |                         |                                   |                           |
| <010>         | Study Area Code   |                         | 398002                            |                           |
| <015>         | Study Area Name   |                         | Standing Rock Telecommunications, | Inc.                      |
| <020>         | Program Year  |                         | 2014                              |                           |
| <030>         | Contact Name - Person USAC should contact regarding     |                         | Albert Kangas                     |                           |
| <035>         | Contact Telephone Number - Number of person identifi    |                         | 3204927510 ext.                   |                           |
| <039>         | Contact Email Address - Email Address of person identif | fied in data line <030> | akangas@corewg.com                |                           |
|               |   |                         |                                   |                           |
| <142>         | State   | SD                      |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   | Corson County           |                                   |                           |
|               |   | corpon country          |                                   |                           |
|               |   |                         |                                   |                           |
| <143>         | County  |                         |                                   |                           |
| <b>\143</b> / | County  |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   | Standing Rock Reserv    | ration - Standing Rock Sioux      |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
| <144>         | Tribal Land(s) on which ETC Serves                      |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   |                         |                                   |                           |
|               |   | 398002_TRLa5_SD.pdf     |                                   |                           |
|               |   |                         |                                   |                           |
| <145>         | Tribal Government Engagement Obligation                 |                         |                                   |                           |

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

Select (Yes,No, NA) <146> Needs assessment and deployment planning with a focus on Tribal Yes community anchor institutions; Yes <147> Feasibility and sustainability planning; NA <148> Marketing services in a culturally sensitive manner; NA <149> Compliance with Rights of way processes Compliance with Land Use permitting requirements NA <150> NA <151> Compliance with Facilities Siting rules NA <152> Compliance with Environmental Review processes NA Compliance with Cultural Preservation review processes <153> NA <154> Compliance with Tribal Business and Licensing requirements.

| (090) Project | Update Information  | FCC Form 690                                  |
|---------------|---|---|
|               |   | Approved by OMB                               |
|               |   | OMB Control No. 3060-1185                     |
|               |   | Page 6 of 8                                   |
| <010>         | Study Area Code   |   |
| <015>         | Study Area Code Study Area Name   | 398002  |
| <020>         | Program Year  | Standing Rock Telecommunications, Inc. 2014   |
| <030>         | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                                 |
| <035>         | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                               |
| <039>         | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                            |
|               |   |   |
| <200>         | Date Authorized to Receive Support  | 06/07/2013                                    |
| <201>         | Targeted Completion Date  | 03/30/2015                                    |
| <202>         | Total Mobility Fund Support Awarded   | 569190.0                                      |
| <203>         | Total Mobility Fund Support Disbursed   | 189730.0                                      |
| <204>         | Support Applied to Network Design   | 21330.0                                       |
| <205>         | Support Applied to Construction   | 83650.0                                       |
| <206>         | Support Applied to Deployment   | 55020.0                                       |
| <207>         | Support Applied to Maintenance  | 29730.0                                       |
| <208>         | Certify Network will Support 3G Mobile Service (Yes / No)                     | <ul><li>O</li></ul>                           |
| <209>         | Certify Network will Support 4G Mobile Service (Yes / No)                     | • •   |
| <210>         | Actual Completion Date  |   |
| 244           |   | standingrocktelecommunications398002 status.p |
| <211>         | Project Status Description (attached)   | df  |
|               |   |   |
|               | Please check these boxes below to confirm that the attached PDF, on line      | {Name of PDF attached}                        |
|               | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information |   |
|               | shall be submitted as appropriate.  |   |
| <212>         | Status of Network Deployment - Network Design                                 | <b>✓</b>                                      |
| <213>         | Status of Network Deployment - Construction                                   |   |
| <214>         | Status of Network Deployment - Deployment                                     | <b>√</b>                                      |
| <215>         | Status of Network Deployment - Maintenance                                    | <u>,</u>                                      |
| <216>         | Project Budget Status   | <u>,</u>                                      |
| <217>         | Project Plan Status   | <u>,</u>                                      |

| (101) Cer | tification - Reporting Carrier  |  | FCC Form 690              |
|-----------|---|--|---------------------------|
|           |   |  | Approved by OMB           |
|           |   |  | OMB Control No. 3060-1185 |
|           |   |  | Page 7 of 8               |
|           |   |  |                           |
| <010>     | Study Area Code   | 398002                                 |                           |
| <015>     | Study Area Name   | Standing Rock Telecommunications, Inc. |                           |
| <020>     | Program Year  | 2014                                   |                           |
| <030>     | Contact Name - Person USAC should contact regarding this data             | Albert Kangas                          |                           |
| <035>     | Contact Telephone Number - Number of person identified in data line <0.20 | 3204927510 ext.                        |                           |

akangas@corewg.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

<039>

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Standing Rock Telecommunications, Inc. Name of Reporting Carrier: CERTIFIED ONLINE Date 07/31/2014 Signature of Authorized Officer: Miles McAllister Printed name of Authorized Officer: General Manager Title or position of Authorized Officer: 7018547098 ext. Telephone number of Authorized Officer: 398002 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

07/31/2014 Page 7

| (102) Certification - Agent / Carrier | FCC Form 690              |
|---------------------------------------|---------------------------|
|                                       | Approved by OMB           |
|                                       | OMB Control No. 3060-1185 |
|                                       | Page 8 of 8               |

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize  | n Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier   |
|--|--|
| I certify that (Name of Agent)_<br>also certify that I am an officer of the reporting carrier; m<br>agent; and, to the best of my knowledge, the reports and | is authorized to submit the information reported on behalf of the reporting carrier. I responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ata provided to the authorized agent is accurate. |
| Name of Authorized Agent:  |  |
| Name of Reporting Carrier:   |  |
| Signature of Authorized Officer:   | Date:  |
| Printed name of Authorized Officer:  |  |
| Title or position of Authorized Officer:   |  |
| Telephone number of Authorized Officer:  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:   |
| Persons willfully making false statements on this form ca  | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Autho                              | ed to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier  |
|---|--|
|   | zed to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the dat<br>rrier; and, to the best of my knowledge, the information reported herein is accurate. |
| Name of Reporting Carrier:                                |  |
| Name of Authorized Agent or Employee of Agent:            |  |
| Signature of Authorized Agent or Employee of Agent:       | Date:  |
| Printed name of Authorized Agent or Employee of Agent:    |  |
| Title or position of Authorized Agent or Employee of Agen |  |
| The or position of Authorized Agent of Employee of Agen   |  |
| Telephone number of Authorized Agent or Employee of Agent | it:  |

# Attachments

| (060) Coverage and Performance Report |
|---------------------------------------|
|---------------------------------------|

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <f> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Block Newly Population per **Newly Reached** Reached by per Census covered per uploaded uploaded uploaded Census Block Census Block Block Census Block (yes/no) (yes/no) (yes/no) State County by Service Service Reached Corson 460319411002023 0 2.29 SD 0 0.0 0.0 Yes No No Corson 460319411001068 Ο 0 0.13 0.0 0.0 SD Yes No No Corson 460319411001029 SD 0 0 0.03 0.0 Yes No 0.0 Nο Corson 460319411001123 SD 0 0 0.17 0.0 Yes No No Corson SD 0 0 0.06 0.0 0.0 Yes No No 460319411001008 11.36 0 0 0.0 Yes SD 0.0 No 460319411001054 0.17 SD 0 0 0.0 0.0 Yes No No Corson 460319411001078 SD 0 0.21 0.0 No Yes No Corson 460319411001061 0.13 0.0 SD 0 0 0.0 Yes No 460319411001015 0 9.55 SD 0 0.0 0.0 Yes No No Corson 460319411001082 0 0 SD 0.13 0.0 0.0 Yes No No Corson 460319411002030 SD 0 3.33 0.0 0.0 Yes 0 No No Corson 460319411001089 SD 0 0.14 0.0 0.0 Yes No No Corson 460319411001060 25 0 0 0.13 SD 0.0 0.0 Yes Nο No Corson 460319411001084 0.13 SD 0 0 0.0 0.0 Yes No No Corson 460319411001022 Yes 0 0 9.03 0.0 0.0 SD Nο No Corson 460319411001098 SD 0 0 0.55 0.0 Yes No No Corson 460319411001050 0 0.35 Yes 0 0.0 0.0 SD No No Corson 460319411001074 SD 17 0 0 0.15 0.0 0.0 Yes No No Corson 460319411001026 33 0 0 0.11 0.0 0.0 Yes SD No No

> Percentage of Total Population Reached by Service

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| (060) Coverage and Performance Report |
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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<141>

| <a1></a1> | <a2></a2> | <a3></a3>       | <b1></b1>                                  | <b2></b2>   | <b3></b3>   | <c1></c1>                         | <c2></c2>  | <c3></c3>  | <d></d>  | <e></e>   | <f></f>   |
|-----------|-----------|-----------------|--|---|---|-----------------------------------|--|--|--|---|---|
| State     | County    | Census Block    | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Electronic<br>Shapefiles are<br>uploaded<br>(yes/no) | Certify that<br>Drive Test<br>Results are<br>uploaded<br>(yes/no) | Certify that<br>Scattered Site<br>Tests are<br>uploaded<br>(yes/no) |
| SD        | Corson    | 460319411001075 | 22   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001032 | 0  | 0   | 0   | 0.71                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001053 | 0  | 0   | 0   | 0.1                               | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001014 | 0  | 0   | 0   | 1.33                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001034 | 0  | 0   | 0   | 0.64                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002047 | 0  | 0   | 0   | 0.2                               | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001119 | 6  | 0   | 0   | 2.89                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001044 | 19   | 0   | 0   | 0.18                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001112 | 0  | 0   | 0   | 1.98                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001048 | 0  | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002014 | 0  | 0   | 0   | 2.94                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001083 | 11   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001085 | 17   | 0   | 0   | 0.11                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001115 | 73   | 0   | 0   | 0.23                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001046 | 0  | 0   | 0   | 0.07                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001091 | 25   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002012 | 0  | 0   | 0   | 0.65                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001105 | 0  | 0   | 0   | 2.49                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001093 | 20   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001025 | 171  | 0   | 0   | 2.02                              | 0.0  | 0.0  | Yes  | No  | No  |

Percentage of Total Population Reached by Service

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| (060 | ) Coverage and | Performance | Report |
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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <f> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Block Newly Population per **Newly Reached** Reached by per Census covered per uploaded uploaded uploaded Census Block Census Block Block Census Block (yes/no) (yes/no) (yes/no) State County by Service Service Reached Corson 460319411002021 0 SD 0 1.94 0.0 0.0 Yes No No Corson 460319411001011 Ο 0 2.94 0.0 0.0 SD Yes No No Corson 460319411001100 SD 0 0 1.07 0.0 Yes No 0.0 Nο Corson 460319411001056 SD 0 0 0.18 0.0 Yes No No Corson SD 0 0 1.2 0.0 0.0 Yes No No 460319411001055 0.11 0 0 0.0 Yes SD 0.0 No 460319411001041 1.89 SD 0 0 0.0 0.0 Yes No No Corson 460319411001104 SD 0 0.72 0.0 No Yes No Corson 460319411001077 0.0 SD 0 0 0.04 0.0 Yes No 460319411001039 16 0 3.52 SD 0 0.0 0.0 Yes No No Corson 460319411001018 0 0 SD 2.78 0.0 0.0 Yes No No Corson 460319411001031 SD 83 0 0.28 0.0 0.0 Yes 0 No No Corson 460319411002048 SD 0 1.46 0.0 0.0 Yes No No Corson 460319411001073 0 0 SD 0.15 0.0 0.0 Yes Nο No Corson 460319411001019 0.38 SD 0 0 0.0 0.0 Yes No No Corson 460319411002022 Yes 0 0 1.86 0.0 0.0 SD Nο No Corson 460319411001116 SD 60 0 0 0.23 0.0 Yes No No Corson 460319411001037 0 26 1.97 Yes 0 0.0 0.0 SD No No Corson 460319411001036 SD 0 0 1.68 0.0 0.0 Yes No No Corson 460319411001017 0 0 0.0 0.0 Yes SD 0.78 No No

> Percentage of Total Population Reached by Service

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| (060) Coverage and Performance Report |
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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <f> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Block Newly Population per **Newly Reached** Reached by per Census covered per uploaded uploaded uploaded Census Block Census Block Block Census Block (yes/no) (yes/no) (yes/no) State County by Service Service Reached Corson 460319411001030 0 0.08 SD 0 0.0 0.0 Yes No No Corson 460319411001087 18 Ο 0 0.14 0.0 0.0 SD Yes No No Corson 460319411001120 SD 0 0 2.89 0.0 Yes No 0.0 Nο Corson 460319411002006 SD 0 0 1.21 0.0 Yes No No Corson SD 0 0 2.89 0.0 0.0 Yes No No 460319411002029 0 0 0.57 0.0 Yes SD 0.0 No 460319411002017 1.45 SD 0 0 0.0 0.0 Yes No No Corson 460319411001040 SD 0 3.88 0.0 No Yes No Corson 460319411001072 0.0 SD 0 0 0.1 0.0 Yes No 460319411001090 19 0 0.13 SD 0 0.0 0.0 Yes No No Corson 460319411001097 0 0 SD 1.89 0.0 0.0 Yes No No Corson 460319411002013 SD 13 0 11.25 0.0 0.0 Yes 0 No No Corson 460319411001047 SD 0 0.01 0.0 0.0 Yes No No Corson 460319411001095 0 0 0.33 SD 0.0 0.0 Yes Nο No Corson 460319411001062 0.13 SD 0 0 0.0 0.0 Yes No No Corson 460319411001092 Yes 0 0 0.13 0.0 0.0 SD Nο No Corson 460319411001063 SD 0 0 0.15 0.0 Yes No No Corson 460319411001109 20 0 1.06 Yes 0 0.0 0.0 SD No No Corson 460319411001043 SD 0 0 0.24 0.0 0.0 Yes No No Corson 460319411002027 52 0 0 15.88 0.0 0.0 Yes SD No No

> Percentage of Total Population Reached by Service

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| (060) Coverage and Performance Report |
|---------------------------------------|
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FCC Form 690 Approved by OMB

OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<141>

| <a1></a1> | <a2></a2> | <a3></a3>       | <b1></b1>                                  | <b2></b2>   | <b3></b3>   | <c1></c1>                         | <c2></c2>  | <c3></c3>  | <d></d>  | <e></e>   | <f></f>   |
|-----------|-----------|-----------------|--|---|---|-----------------------------------|--|--|--|---|---|
| State     | County    | Census Block    | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Electronic<br>Shapefiles are<br>uploaded<br>(yes/no) | Certify that<br>Drive Test<br>Results are<br>uploaded<br>(yes/no) | Certify that<br>Scattered Site<br>Tests are<br>uploaded<br>(yes/no) |
| SD        | Corson    | 460319411001020 | 4  | 0   | 0   | 1.24                              | 0.0  | 0.0  | Yes  | No  |   |
| SD        | Corson    | 460319411001028 | 2  | 0   | 0   | 0.08                              | 0.0  | 0.0  | Yes  | No  | No<br>No  |
| SD        | Corson    | 460319411001021 | 4  | 0   | 0   | 1.43                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001042 | 38   | 0   | 0   | 0.39                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001070 | 16   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002007 | 60   | 0   | 0   | 0.35                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001118 | 0  | 0   | 0   | 1.94                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001052 | 0  | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001065 | 26   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001076 | 19   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001114 | 180  | 0   | 0   | 2.59                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001096 | 0  | 0   | 0   | 0.76                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001079 | 18   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002011 | 0  | 0   | 0   | 0.5                               | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001117 | 0  | 0   | 0   | 2.91                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001081 | 30   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002018 | 0  | 0   | 0   | 2.43                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001111 | 2  | 0   | 0   | 5.03                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001086 | 10   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001045 | 4  | 0   | 0   | 0.17                              | 0.0  | 0.0  | Yes  | No  | No  |

Percentage of Total Population Reached by Service

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| (060) Coverage and Performance Report |
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FCC Form 690 Approved by OMB

OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<141>

| <a1></a1> | <a2></a2> | <a3></a3>       | <b1></b1>                                  | <b2></b2>   | <b3></b3>   | <c1></c1>                         | <c2></c2>  | <c3></c3>  | <d></d>  | <e></e>   | <f></f>   |
|-----------|-----------|-----------------|--|---|---|-----------------------------------|--|--|--|---|---|
| State     | County    | Census Block    | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Electronic<br>Shapefiles are<br>uploaded<br>(yes/no) | Certify that<br>Drive Test<br>Results are<br>uploaded<br>(yes/no) | Certify that<br>Scattered Site<br>Tests are<br>uploaded<br>(yes/no) |
| SD        | Corson    | 460319411001122 | 12   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001066 | 25   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002008 | 36   | 0   | 0   | 1.53                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001127 | 1  | 0   | 0   | 2.45                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002026 | 0  | 0   | 0   | 1.96                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001051 | 3  | 0   | 0   | 0.56                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001067 | 30   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001013 | 0  | 0   | 0   | 0.55                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001027 | 0  | 0   | 0   | 0.16                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001094 | 10   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001071 | 8  | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001038 | 3  | 0   | 0   | 0.35                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411002020 | 4  | 0   | 0   | 3.01                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001121 | 10   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001059 | 17   | 0   | 0   | 0.14                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001088 | 2  | 0   | 0   | 0.22                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001080 | 23   | 0   | 0   | 0.13                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001108 | 0  | 0   | 0   | 1.84                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001035 | 2  | 0   | 0   | 0.06                              | 0.0  | 0.0  | Yes  | No  | No  |
| SD        | Corson    | 460319411001009 | 0  | 0   | 0   | 1.46                              | 0.0  | 0.0  | Yes  | No  | No  |

Percentage of Total Population Reached by Service

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FCC Form 690 Approved by OMB

OMB Control No. 3060-1185

| <010> | Study Area Code   | 398002                                 |
|-------|---|--|
| <015> | Study Area Name   | Standing Rock Telecommunications, Inc. |
| <020> | Program Year  | 2014                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Albert Kangas                          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3204927510 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | akangas@corewg.com                     |
| <140> | Coverage and Performance Report Year  | 01/2014 - 12/2014                      |

<141> <a1> <b1> <b2> <b3> <a2> <a3> <c1> <c2> <c3> Certify that Certify that Certify that Resident Total Resident Road Miles **Total Road** Electronic Drive Test Scattered Site Population Miles Shapefiles are Results are Tests are Resident Population Road Miles per Census

| State | County | Census Block    | Population per<br>Census Block | Newly Reached<br>by Service | Reached by<br>Service |      | Block Newly | covered per<br>Census Block |     | uploaded<br>(yes/no) | uploaded<br>(yes/no) |
|-------|--------|-----------------|--------------------------------|-----------------------------|-----------------------|------|-------------|-----------------------------|-----|----------------------|----------------------|
| SD    | Corson | 460319411001128 | 0                              | 0                           | 0                     | 0.31 | 0.0         | 0.0                         | Yes | No                   | No                   |
| SD    | Corson | 460319411001064 | 10                             | 0                           | 0                     | 0.16 | 0.0         | 0.0                         | Yes | No                   | No                   |
| SD    | Corson | 460319411001057 | 2                              | 0                           | 0                     | 0.3  | 0.0         | 0.0                         | Yes | No                   | No                   |
| SD    | Corson | 460319411001113 | 4                              | 0                           | 0                     | 1.92 | 0.0         | 0.0                         | Yes | No                   | No                   |
| SD    | Corson | 460319411001049 | 6                              | 0                           | 0                     | 0.11 | 0.0         | 0.0                         | Yes | No                   | No                   |
| SD    | Corson | 460319411001069 | 0                              | 0                           | 0                     | 0.14 | 0.0         | 0.0                         | Yes | No                   | No                   |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |
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|       |        |                 |                                |                             |                       |      |             |                             |     |                      |                      |

Percentage of Total Population Reached by Service

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